## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	ation	7			i icase read ii	- Istractions be	Tore completi	ing and for No	lice regarding	public bulde	11.]					-		
Name and Mailing Address		pondent												T				
Triangle Co	OI IVES	porident		_	,													
Bo Bo Luna Monication System Inc												Check here if this						
Triangle Communication System Inc PO Box 1140 Havre MT 59501													is a change of address.					
Havre m		595	001															
Year Report Filed     Reporting Period (Ending Date of Pay									4. Number of Full-Time Employees during Selected Reporting Period (check one):  Reporting Period (check one):									
2018		Period Co	overed by Rep	port)			Reporting	Period (check	ioqee.	,								
2010							b. 16	wer than 16 (c or more (com										
SECTION II - Full-Time Emplo	yees.																	
Job Categories		Number of Employees																
	-	(Report employees in only one category)  Race/Ethnicity																
			anic or		Not-Hispanic or Latino													
		Latino				Ma	ale				Female					Columns A - N		
	М	Male	Female	White	Black or	Native	Asian	American	Two or more	White	Black or	Native	Asian	American	Two or more	73 - 14		
					African	Hawaiian or		Indian or	races		African	Hawaiian or	C12.04(2001)(C10)	Indian or	races			
					American	Other Pacific		Alaska Native			American	Other Pacific		Alaska Native				
						Islander						Islander						
		Α	В	С	D	E	F	G	Н	1	J	. K	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1															0		
First/Mid-Level Officials and Managers	1.2															0		
Professionals	2															0		
Technicians	3															0		
Sales Workers	4													j		0		
Administrative Support Workers	5															0		
Craft Workers	6															0		
Operatives	7															0		
Laborers and Helpers	8															0		
Service Workers	9															0		
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11									·						0		

SECTION III - Part-Time Employ	ees.															
	Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino													
			Male							Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	. White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
	А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1														0	
First/Mid-Level Officials and Managers 1.	2														0	
Professionals	2						¥7								0	
Technicians	3						(							2	0	
Sales Workers	4		9												0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8									×					0	
Service Workers	9									n					0	
TOTAL 1	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL 1	1												1		0	
SECTION IV - Report of Discrim	ination Comp	olaints Pursua	ant to 47 CFF	R 22.321, 23.	55, 90.168, 101	1.4, and 101	.311.						i)			
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																
SECTION V - Certification																
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.																
	Typed or Printed Name of Person Signing Signature Telephone No.															
6.5.18 Title of Person Signing	Craig Gases   406-394,780											$\bigcirc$				
Person Signing	Title of Person Signing  WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).															